

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

RECEIVED
CITY OF SAN ANTONIO
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2003 APR -3 PM 1:25

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 11	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI RENE J.			OFFICE USE ONLY	
	NICKNAME LAST SUFFIX — BALDERAS				
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 521 GRAMERCY SAN ANTONIO TX. 78212			Date Received ✓	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI BETTY M.			Date Hand-delivered or Date Postmarked	
	NICKNAME LAST SUFFIX ECKERT			Receipt # Amount	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 233 WEST WILLOWOOD SAN ANTONIO TX. 78212				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 822.0049				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 22 / 03 03 / 24 / 03				
10 ELECTION	ELECTION DATE Month Day Year 05 / 03 / 03		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) —		12 OFFICE SOUGHT (if known) DISTRICT 1 SAN ANTONIO CITY COUNCIL		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p>** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **</p> <p>Name —</p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code —</p>				
	GO TO PAGE 2				

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****14 C/OH NAME****RENE J. BALDERAS****15 ACCOUNT #** (Ethics Commission files)**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****17 NO REPORTABLE
ACTIVITY**☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ **880.00**2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ **3,805.00****EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ **25.95**

4. TOTAL POLITICAL EXPENDITURES

\$ **2,859.98****OUTSTANDING
LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ **—****19 AFFIDAVIT**

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Rene Balderas, this the 3rd day of April, 20 03, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

5

2 FILER NAME

RENE J. BALDERAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

01/28/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

RENE J. BALDERAS

7 Amount of
contribution (\$)

\$200.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

521 GRAMERCY SAN ANTONIO TX
78212

9 Principal occupation (Optional)

10 Employer (Optional)

Date

01/28/03

Full name of contributor

☐ out-of-state PAC (ID#)

JOHN BALDERAS

Amount of
contribution (\$)

\$300.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

411 BRADFORD SAN ANTONIO TX
78228

Principal occupation (Optional)

Employer (Optional)

Date

01/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

THOM ROBEY

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

103 LUTHER SAN ANTONIO TX
78212

Principal occupation (Optional)

Employer (Optional)

Date

02/3/03

Full name of contributor

☐ out-of-state PAC (ID#)

BETTY MINGUS ECKERT

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

233 WILDWOOD, SAN ANTONIO TX
78212

Principal occupation (Optional)

Employer (Optional)

Date

02/5/03

Full name of contributor

☐ out-of-state PAC (ID#)

NORMA WILKE

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

518 GRAMERCY SAN ANTONIO TX
78212

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME RENE J. BALDERAS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/6/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RENE J. BALDERAS 6 Contributor address; City; State; Zip Code 521 W. GRAMERCY SAN ANTONIO TX 78212	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/5/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN MENT Contributor address; City; State; Zip Code 311 BREEDEN SAN ANTONIO TX 78212	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/8/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JEANNE HERNANDEZ Contributor address; City; State; Zip Code 29319 SADDLESONG FAIR OAKS RANCH TX 78015	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/8/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BOB COMEAUX Contributor address; City; State; Zip Code 702 W FRENCH SAN ANTONIO TX 78212	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/9/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RUDY HERNANDEZ Contributor address; City; State; Zip Code 14593 Somerset Von Ormy TX 78073	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME RENÉ J. BALDERAS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/8/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN BALDERAS	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 411 BRADFORD SAN ANTONIO TX 78228			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 2/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BERNABE SUTTLES	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8750 WELLES EDGE SAN ANTONIO TX 78240			
Principal occupation (Optional)		Employer (Optional)	
Date 3/3/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN BALDERAS	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 411 BRADFORD SAN ANTONIO TX 78228			
Principal occupation (Optional)		Employer (Optional)	
Date 3/5/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SYLVIA GARZA	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4000 HORIZON HILL # 2206 SAN ANTONIO TX 78229			
Principal occupation (Optional)		Employer (Optional)	
Date 2/21/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MTC REAL ESTATE	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 800 DOLOROSA #204 SAN ANTONIO TX 78207			
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

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1 Total pages this Schedule A1:

2 FILER NAME

RENE J. BALDERAS

3 ACCOUNT # (Ethics Commission files)

4 Date

3/8/03

5 Full name of contributor

☐ out-of-state PAC (ID#:

RUBEN ESLOBEDO

6 Contributor address; City; State; Zip Code

**745 E. MULBERRY #777
SAN ANTONIO TX 78212**

7 Amount of
contribution (\$)

\$250.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/3/03

Full name of contributor

☐ out-of-state PAC (ID#:

MICHAEL WEIDERHOLD

Contributor address; City; State; Zip Code

**203 KING WILLIAM
SAN ANTONIO TX 78204**

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/20/03

Full name of contributor

☐ out-of-state PAC (ID#:

THE CORBO FAMILY LIMITED

Contributor address; City; State; Zip Code

**1430 N. FLORES
SAN ANTONIO, TX 78212**

Amount of
contribution (\$)

\$300.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/23/03

Full name of contributor

☐ out-of-state PAC (ID#:

NANCY TAYLOR SHIVERS

Contributor address; City; State; Zip Code

**1146 S. ALAMO
SAN ANTONIO, TX 78210**

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/3/03

Full name of contributor

☐ out-of-state PAC (ID#:

RENE J. BALDERAS

Contributor address; City; State; Zip Code

**521 W. GRAMERCY
SAN ANTONIO, TX 78212**

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this Schedule A1:

2 FILER NAME

RENE J. BALDERAS

3 ACCOUNT # (Ethics Commission files)

4 Date

2/26/03

5 Full name of contributor

☐ out-of-state PAC (ID#:

GAIL J. BEAGLE

6 Contributor address; City; State; Zip Code

319 W. KINGS HWY.

SAN ANTONIO, TX 78212

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

2/1/03

Full name of contributor

☐ out-of-state PAC (ID#:

BOB AND JOANNE COMEAUX

Contributor address; City; State; Zip Code

702 W. FRENCH

SAN ANTONIO TX 78212

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

USE OF CARRIAGE HOUSE FOR CAMPAIGN HQTRS. FOR 12 MONTH

Principal occupation (Optional)

Employer (Optional)

Date

3/1/03

Full name of contributor

☐ out-of-state PAC (ID#:

BOB AND JOANNE COMEAUX

Contributor address; City; State; Zip Code

702 W. FRENCH

SAN ANTONIO TX 78212

Amount of contribution (\$)

\$155.00

In-kind contribution description (if applicable)

USE OF CARRIAGE HOUSE FOR CAMPAIGN HQTRS. FOR 24 DAYS.

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL EXPENDITURES

CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2003 APR -3 PM 1:25

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **5**

2 FILER NAME **RENE J. BALDERAS**

3 ACCOUNT # (Ethics Commission filers)

4 Date 2/4/03	5 Payee name ALLIED ADVERTISING 6 Payee address; City; State; Zip Code 3700 BLANCO SAN ANTONIO TX 78212	7 Amount (\$) \$458.49
-------------------------	--	----------------------------------

8 Purpose of payment (See instructions regarding type of information required.) **YARD SIGNS**

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date 2/6/03	Payee name ALLIED ADVERTISING Payee address; City; State; Zip Code 3700 BLANCO SAN ANTONIO TX 78212	Amount (\$) \$300.00
-----------------------	--	--------------------------------

Purpose of payment (See instructions regarding type of information required.) **4' x 8' SIGNS (DEPOSIT)**

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date 2/7/03	Payee name MUNGUIA PRINTERS Payee address; City; State; Zip Code 2201 BUENA VISTA SAN ANTONIO, TX 78207	Amount (\$) \$381.90
-----------------------	--	--------------------------------

Purpose of payment (See instructions regarding type of information required.) **PALM CARDS**

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date 2/11/03	Payee name ALLIED ADVERTISING Payee address; City; State; Zip Code 3700 BLANCO SAN ANTONIO, TX 78212	Amount (\$) \$347.28
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.) **4' x 8' SIGNS**

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2003 APR -3 PM 1:25

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME **RENE J. BALDERAS**

3 ACCOUNT # (Ethics Commission filers)

4 Date 2/16/03	5 Payee name HOME DEPOT	7 Amount (\$) \$35.66
6 Payee address; City; State; Zip Code 435 W. SUNSET SAN ANTONIO, TX 78209		

8 Purpose of payment (See instructions regarding type of information required.)
POSTS

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date 2/19/03	Payee name HOME DEPOT	Amount (\$) \$60.26
Payee address; City; State; Zip Code 435 W. SUNSET SAN ANTONIO, TX 78209		

Purpose of payment (See instructions regarding type of information required.)
STAKES

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date 2/26/03	Payee name HOME DEPOT	Amount (\$) 38.77
Payee address; City; State; Zip Code 435 W. SUNSET SAN ANTONIO, TX 78209		

Purpose of payment (See instructions regarding type of information required.)
STAKES

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date 2/20/03	Payee name KINIKOS	Amount (\$) \$17.21
Payee address; City; State; Zip Code 4418 Broadway San Antonio, TX 78209		

Purpose of payment (See instructions regarding type of information required.)
COPIES

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2003 APR -3 PM 1:25

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

RENE J. BALDERAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount
(\$)

3/3/03

ALLIED ADVERTISING

6 Payee address; City; State; Zip Code

3700 BLANCO

SAN ANTONIO, TX 78212

\$512.43

8 Purpose of payment (See instructions regarding type of information required.)

YARD SIGNS

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

2/20/03

US POST OFFICE / LAUREL HTS.

Payee address; City; State; Zip Code

2400 MCGULLOUGH AVE

SAN ANTONIO, TX 78212

\$92.00

Purpose of payment (See instructions regarding type of information required.)

STAMPS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

2/23/03

KINKIDS

Payee address; City; State; Zip Code

4418 Broadway

San Antonio TX 78209

24
\$17.26

Purpose of payment (See instructions regarding type of information required.)

COPIES

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

2/25/03

OFFICE MAX

Payee address; City; State; Zip Code

255 E. BASSE

SAN ANTONIO TX 78209

\$51.74

Purpose of payment (See instructions regarding type of information required.)

supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES

CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2003 APR -3 PM 1:25

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME RENE J BALDERAS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/27/03	5 Payee name PALE GRAPHICS	7 Amount (\$) \$150.00	
6 Payee address; City; State; Zip Code 1700 N MAIN SAN ANTONIO TX 78212			
8 Purpose of payment (See instructions regarding type of information required.) GRAPHICS - LOGO		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 3/7/03	Payee name OFFICE MAX	Amount (\$) \$29.96	
Payee address; City; State; Zip Code 255 E. BASSE SAN ANTONIO, TX 78209			
Purpose of payment (See instructions regarding type of information required.) SUPPLIES		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 3/12/03	Payee name US POST OFFICE / LAUREL HTS	Amount (\$) \$74.00	
Payee address; City; State; Zip Code 2400 McCullough Ave San Antonio, TX 78212			
Purpose of payment (See instructions regarding type of information required.) STAMPS		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 3/8/03	Payee name HEB	Amount (\$) \$73.66	
Payee address; City; State; Zip Code 300 OLIVOS DR. SAN ANTONIO, TX 78212			
Purpose of payment (See instructions regarding type of information required.) FOOD FOR VOLUNTEERS		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES

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2 FILER NAME RENE BALDERAS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/14/03	5 Payee name CITY OF SAN ANTONIO / CITY CLERK	7 Amount (\$) \$100.00	
6 Payee address; City; State; Zip Code MILITARY PLAZA 2ND FLR SAN ANTONIO TX 78205			
8 Purpose of payment (See instructions regarding type of information required.) FILING FEE		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 3/16/03	Payee name OFFICE MAX	Amount (\$) \$32.36	
Payee address; City; State; Zip Code 255 E. BASSE SAN ANTONIO TX 78209			
Purpose of payment (See instructions regarding type of information required.) INK CARTRIDGES		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 3/17/03	Payee name U.S. POST OFFICE / LAUREL HTS.	Amount (\$) \$37.00	
Payee address; City; State; Zip Code 2400 McCULLOUGH AVE SAN ANTONIO, TX 78212			
Purpose of payment (See instructions regarding type of information required.) STAMPS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 3/23/03	Payee name KINKOS	Amount (\$) \$50.00	
Payee address; City; State; Zip Code 4410 Broadway San Antonio, TX 78209			
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED